

| | | | |
|--|-------------------------|---|--|
| 1. ORGANIZATION | | | |
| Unique Application Number (UAN) | | | |
| Legal Name of Applicant | | | |
| Name of Agency Contact | | | |
| Agency Contact's Telephone Number | | | |
| | Amount Requested | %of Personnel and Fringe Requested | |
| FY 2012 | \$0.00 | 0% | |
| FY 2013 | \$0.00 | 0% | |

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| 2. MISSION STATEMENT |
| 2.1 Provide the mission statement of the organization. |
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| 3. DESCRIPTION OF THE ORGANIZATION | |
| 3.1 Give a description of the history of the organization including the purpose for which it was created. | |
| 3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff hierarchy, legal organization, etc. | |

| 4. VICTIM SERVICES EXPERIENCE | | YEARS |
|---|--|-------|
| 4.1 How many years has the organization been providing victim-related services or assistance? | | |

5. VICTIM SERVICES WORK

5.1 Provide a description of the work the organization is doing on behalf of victims of crime.

5.2 How does this work fit into the organizations overall goals and objectives?

6. VOLUNTEERS

6.1 Does the organization currently have a volunteer program, or plan to implement one this grant term? (Yes/No)

6.2 How many volunteers were active within the last year? (Years)

6.3 Describe how the organization utilizes or plans to utilize volunteers to support the organization's mission, including any specific victim-related services.

6.4 Describe training for volunteers including both training required prior to providing services and ongoing training conducted throughout the volunteer's service.

6.5 Describe how the organization recruits and retains volunteers or how it plans to do so.

7. COLLABORATIONS

7.1 Describe the benefits realized by victims of sexual assault as a result of the organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).

7.2 Provide a list of the organizations and community groups, including the type (law enforcement agency, SART, advocacy center, hospital, task force, etc.) with which the applicant collaborates for the purpose of supporting or assisting victims of sexual assault.

8. Statewide Applicants Only: Describe your efforts to maintain or expand existing services offered by local sexual assault programs; improve services to survivors; or other activities consistent with Texas Government Code 420.

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9. Local Programs Only:

9.1 24-HOUR CRISIS HOTLINE

9.2 How is it staffed (by volunteers, advocates, etc)?

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9.3 Is the hotline staffed 24 hours a day, forwarded to a shelter, or forwarded to an answering service?

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9.4 Will the organization have offered or provided this service for the nine months prior to September 1, 2011?

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10. CRISIS INTERVENTION

10.1 By whom is crisis intervention provided (counselors, advocates, etc)?

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10.2 How is crisis intervention provided (In person, by telephone, etc)?

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10.3 Will the organization have offered or provided this service for the nine months prior to September 1, 2011?

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11. PUBLIC EDUCATION

11.1 By whom is public education provided (School Educator, Advocate, etc)?

11.2 When public education is provided is it by request or through solicitation?

11.3 Will the organization have offered or provided this service for the nine months prior to September 1, 2011?

12. ADVOCACY AND ACCOMPANIMENT

12.1 By whom is advocacy and accompaniment provided (advocates, volunteers, etc)?

12.2 Does the organization have staff, volunteers, or other collaborations that will allow 24 hours availability to provide this service?

12.3 Describe the advocacy and accompaniment efforts.

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| 12.4 Will the organization have offered or provided this service for the nine months prior to September 1, 2011? |
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13. CRISIS INTERVENTION VOLUNTEER TRAINING

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| 13.1 Describe how the crisis intervention volunteer training impacts the skills of volunteers interacting with victims of sexual assault, specifically regarding assistance provided to a victim of sexual assault to reduce stress and provide immediate, short-term support. |
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| 13.2 By whom is this training provided (Volunteer Coordinator, Advocate, etc)? |
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| 13.3 How many times per year is this training provided? |
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| 13.4 What is the length of the training in hours? |
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| 13.5 How many volunteers per year are trained? |
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| 13.6 Will the organization have offered or provided this service for the nine months prior to September 1, 2011? |
| |

14. STATE AND FEDERAL FUNDS EXPERIENCE**YEARS**

| | |
|--|--|
| 14.1 How many years of experience does the organization have in managing state or federal grant funds? | |
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| | STAFF POSITION/TITLE #1 | | STAFF POSITION/TITLE #2 | | STAFF POSITION/TITLE #3 | |
|--|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|
| 15. STAFF POSITION/TITLE | | | | | | |
| 15.1 ADMINISTRATIVE POSITION | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 15.2 CONTRACT POSITION | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 15.3 OUTPUT TARGETS | OUTPUT TARGET | | OUTPUT TARGET | | OUTPUT TARGET | |
| DIRECT VICTIM SERVICES | FY 2012 | FY 2013 | FY 2012 | FY 2013 | FY 2012 | FY 2013 |
| Number of Unique Victims Served | | | | | | |
| FACE-TO-FACE SERVICES | | | | | | |
| Assistance with Crime Victims' Compensation | | | | | | |
| Information & Referral | | | | | | |
| Assistance with Texas SAVNS/VINE | | | | | | |
| Counseling Services (Individual Counseling) | | | | | | |
| Criminal Justice Accompaniment | | | | | | |
| Crisis Intervention | | | | | | |
| Peer Support Services | | | | | | |
| Law Enforcement Accompaniment | | | | | | |
| Medical Accompaniment | | | | | | |
| Assistance with Victim Impact Statements | | | | | | |
| Assistance with Victim Impact Panels | | | | | | |
| Lodging | | | | | | |
| Transportation | | | | | | |
| Support Groups | | | | | | |
| Therapeutic Groups | | | | | | |
| Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone | | | | | | |
| Victim Advocacy | | | | | | |
| TELEPHONE SERVICES | | | | | | |
| Crisis Intervention (by telephone) | | | | | | |
| Sexual Assault Hotline Call | | | | | | |
| Hotline Calls From/About Victims of Sexual Assault | | | | | | |
| TRAINING AND OUTREACH | | | | | | |
| Structured Education Presentations | | | | | | |
| Structured Education Participants | | | | | | |
| Community Education Presentations | | | | | | |
| Community Education Participants | | | | | | |
| Professional Training Presentations | | | | | | |
| Professional Training Participants | | | | | | |
| Volunteer Training Presentations | | | | | | |
| Volunteer Training Participants | | | | | | |

| | STAFF POSITION/TITLE #4 | | STAFF POSITION/TITLE #5 | | STAFF POSITION/TITLE #6 | |
|--|--------------------------|----------------|--------------------------|----------------|--------------------------|----------------|
| 15. STAFF POSITION/TITLE | | | | | | |
| 15.1 ADMINISTRATIVE POSITION | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 15.2 CONTRACT POSITION | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 15.3 OUTPUT TARGETS | OUTPUT TARGET | | OUTPUT TARGET | | OUTPUT TARGET | |
| DIRECT VICTIM SERVICES | FY 2012 | FY 2013 | FY 2012 | FY 2013 | FY 2012 | FY 2013 |
| Number of Unique Victims Served | | | | | | |
| FACE-TO-FACE SERVICES | | | | | | |
| Assistance with Crime Victims' Compensation | | | | | | |
| Information & Referral | | | | | | |
| Assistance with Texas SAVNS/VINE | | | | | | |
| Counseling Services (Individual Counseling) | | | | | | |
| Criminal Justice Accompaniment | | | | | | |
| Crisis Intervention | | | | | | |
| Peer Support Services | | | | | | |
| Law Enforcement Accompaniment | | | | | | |
| Medical Accompaniment | | | | | | |
| Assistance with Victim Impact Statements | | | | | | |
| Assistance with Victim Impact Panels | | | | | | |
| Lodging | | | | | | |
| Transportation | | | | | | |
| Support Groups | | | | | | |
| Therapeutic Groups | | | | | | |
| Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone | | | | | | |
| Victim Advocacy | | | | | | |
| TELEPHONE SERVICES | | | | | | |
| Crisis Intervention (by telephone) | | | | | | |
| Sexual Assault Hotline Call | | | | | | |
| Hotline Calls From/About Victims of Sexual Assault | | | | | | |
| TRAINING AND OUTREACH | | | | | | |
| Structured Education Presentations | | | | | | |
| Structured Education Participants | | | | | | |
| Community Education Presentations | | | | | | |
| Community Education Participants | | | | | | |
| Professional Training Presentations | | | | | | |
| Professional Training Participants | | | | | | |
| Volunteer Training Presentations | | | | | | |
| Volunteer Training Participants | | | | | | |

| 16. PERSONNEL & FRINGE | | | | | | | | | | | |
|---|-------------------|--------------------------|--------------------------------|-----------------------|----------------------|---------------|---------------------------------------|--------------------------------|---|---------------------------------------|---------------------------------------|
| FY 2012 | | HOURS PER WEEK | | | | | SALARY | | | FRINGE | |
| Title of Position | Scheduled to work | Scheduled on this grant. | Direct Services on this grant. | Admin. on this grant. | Other on this grant. | Annual Salary | Total Salary Requested on this grant. | % Salary Funded by this grant. | Annual Fringe Benefits for the Position | Fringe Funds Requested by this grant. | % Fringe Funded by SAPCS-State grant. |
| 1. | | 0 | | | | | | 0.00% | | | 0.00% |
| 2. | | 0 | | | | | | 0.00% | | | 0.00% |
| 3. | | 0 | | | | | | 0.00% | | | 0.00% |
| 4. | | 0 | | | | | | 0.00% | | | 0.00% |
| 5. | | 0 | | | | | | 0.00% | | | 0.00% |
| 6. | | 0 | | | | | | 0.00% | | | 0.00% |
| | | | | | | | \$ - | | | \$ - | |
| FY 2013 | | HOURS PER WEEK | | | | | SALARY | | | FRINGE | |
| 1. | | 0 | | | | | | 0.00% | | | 0.00% |
| 2. | | 0 | | | | | | 0.00% | | | 0.00% |
| 3. | | 0 | | | | | | 0.00% | | | 0.00% |
| 4. | | 0 | | | | | | 0.00% | | | 0.00% |
| 5. | | 0 | | | | | | 0.00% | | | 0.00% |
| 6. | | 0 | | | | | | 0.00% | | | 0.00% |
| | | | | | | | \$ - | | | \$ - | |
| 16.1 FY 2012 POSITION NARRATIVE | | | | | | | | | | | |
| Provide a justification, which relates to the project's goal. | | | | | | | | | | | |
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
| 6. | | | | | | | | | | | |

16.2 FY 2013 POSITION NARRATIVE

Provide a justification, which relates to the project's goal.

| | | |
|----|--|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

16.3 REQUEST FOR EXCEPTION TO SAPCS-STATE REQUIREMENTS

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

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17. PROFESSIONAL & CONSULTANT SERVICES

| Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services | Description of Professional & Consultant Services | FY 2012 | | | FY 2013 | | |
|--|---|-----------------------------|----------------------|------|-----------------------------|----------------------|------|
| | | No. of Days of Consultation | Rate of Compensation | Cost | No. of Days of Consultation | Rate of Compensation | Cost |
| | | | \$ - | \$ - | | \$ - | \$ - |
| | | | \$ - | \$ - | | \$ - | \$ - |
| | | | \$ - | \$ - | | \$ - | \$ - |
| | | | \$ - | \$ - | | \$ - | \$ - |
| | | | \$ - | \$ - | | \$ - | \$ - |
| | | | \$ - | \$ - | | \$ - | \$ - |
| | | | \$ - | \$ - | | \$ - | \$ - |

17.1 FY 2012 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a justification for Professional & Consultant Services which relates to the project's goal.

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17.2 FY 2013 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a justification for Professional & Consultant Services which relates to the project's goal.

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| 18. TRAVEL | | | | | | | | |
|-----------------------------|--|-----------------|----------------------|---|----------------------------------|----------------------|---|----------------------------------|
| Travel Purpose | Positions: List all positions (separated by a comma) requested within travel type. | Expense Type | FY 2012 | | | FY 2013 | | |
| | | | Total Cost of Travel | % Requested by this OAG Grant | Cost Requested by this OAG Grant | Total Cost of Travel | % Requested by this OAG Grant | Cost Requested by this OAG Grant |
| OAG Sponsored Training | | Airfare/Mileage | \$ - | | \$ - | \$ - | | \$ - |
| | | Hotel | \$ - | | \$ - | \$ - | | \$ - |
| | | Per diem | \$ - | | \$ - | \$ - | | \$ - |
| | | Misc./Hotel Tax | \$ - | | \$ - | \$ - | | \$ - |
| | | TOTAL | | | \$ - | | | \$ - |
| | | | \$ - | | \$ - | \$ - | | \$ - |
| | | | \$ - | | \$ - | \$ - | | \$ - |
| | | | \$ - | | \$ - | \$ - | | \$ - |
| Travel Purpose | Positions: List all positions (separated by a comma) requested within travel type. | Expense Type | Number of Miles | Cost Per Mile Requested by this OAG Grant | Cost Requested by this OAG Grant | Number of Miles | Cost Per Mile Requested by this OAG Grant | Cost Requested by this OAG Grant |
| Local Travel (Mileage Only) | | Mileage | | \$ - | \$ - | | \$ - | \$ - |
| | | | | | \$ - | | | \$ - |

18.1 FY 2012 TRAVEL NARRATIVE

Provide a justification for Travel which relates to the project's goal.

18.2 FY 2013 TRAVEL NARRATIVE

Provide a justification for Travel which relates to the project's goal.

| 19. EQUIPMENT | | | | | | |
|---------------|-------------------------|-------------------------------|----------------------------------|-------------------------|-------------------------------|----------------------------------|
| Item | FY 2012 | | | FY 2013 | | |
| | Total Cost of Equipment | % Requested by this OAG Grant | Cost Requested by this OAG Grant | Total Cost of Equipment | % Requested by this OAG Grant | Cost Requested by this OAG Grant |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | \$ - | 0% | \$ - | \$ - | 0% | \$ - |
| | | | \$ - | | | \$ - |

19.1 FY 2012 EQUIPMENT NARRATIVE

Provide a justification for Equipment which relates to the project's goal.

19.2 FY 2013 EQUIPMENT NARRATIVE

Provide a justification for Equipment which relates to the project's goal.

| 20. SUPPLIES | | | | | | |
|---|------------------------|-------------------------------|----------------------------------|------------------------|-------------------------------|----------------------------------|
| Item | FY 2012 | | | FY 2013 | | |
| | Total Cost of Supplies | % Requested by this OAG Grant | Cost Requested by this OAG Grant | Total Cost of Supplies | % Requested by this OAG Grant | Cost Requested by this OAG Grant |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| 20.1 FY 2012 SUPPLIES NARRATIVE | | | | | | |
| Provide a justification for Supplies which relates to the project's goal. | | | | | | |
| | | | | | | |
| 20.2 FY 2013 SUPPLIES NARRATIVE | | | | | | |
| Provide a justification for Supplies which relates to the project's goal. | | | | | | |
| | | | | | | |

| 21. OTHER DIRECT OPERATING EXPENSES (ODOE) | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|--------------------|-------------------------------|----------------------------------|
| Item | FY 2012 | | | FY 2013 | | |
| | Total Cost of ODOE | % Requested by this OAG Grant | Cost Requested by this OAG Grant | Total Cost of ODOE | % Requested by this OAG Grant | Cost Requested by this OAG Grant |
| OAG Sponsored Training Registration | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| | | | \$ - | | | \$ - |
| 21.1 FY 2012 OTHER DIRECT OPERATING EXPENSES NARRATIVE | | | | | | |
| Provide a justification for Other Direct Operating Expenses which relates to the project's goal. | | | | | | |
| | | | | | | |
| 21.2 FY 2013 OTHER DIRECT OPERATING EXPENSES NARRATIVE | | | | | | |
| Provide a justification for Other Direct Operating Expenses which relates to the project's goal. | | | | | | |
| | | | | | | |

22. PROJECT SUMMARY

22.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve sexual assault victims by providing [types of] services in [geographic locations]."

23. PROBLEM STATEMENT

23.1 Provide a brief description of the sexual assault related issue(s) this project is designed to address.

24. SUPPORTING DATA

24.1 Justify the need for the sexual assault related issue(s) this project is designed to address by citing research and/or data that is geographically relevant and applies to your service area.

25. PROJECT GOAL

25.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a "**SMART**" goal: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely.

| | | |
|---|----------------------|----------------|
| 26. OUTPUTS | | |
| 26.1 OUTPUT ASSESSMENT AND EVALUATION | | |
| 26.2 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs. | | |
| | | |
| 26.3 OUTPUTS SUMMARY | OUTPUT TARGET | |
| DIRECT VICTIM SERVICES | FY 2012 | FY 2013 |
| Number of Unique Victims Served | 0 | 0 |
| FACE-TO-FACE SERVICES | | |
| Assistance with Crime Victims' Compensation | 0 | 0 |
| Information & Referral | 0 | 0 |
| Assistance with VINE | 0 | 0 |
| Counseling Services (Individual Counseling) | 0 | 0 |
| Criminal Justice Accompaniment | 0 | 0 |
| Crisis Intervention | 0 | 0 |
| Peer Support Services | 0 | 0 |
| Law Enforcement Accompaniment | 0 | 0 |
| Medical Accompaniment | 0 | 0 |
| Assistance with Victim Impact Statements | 0 | 0 |
| Assistance with Victim Impact Panels | 0 | 0 |
| Lodging | 0 | 0 |
| Transportation | 0 | 0 |
| Support Groups | 0 | 0 |
| Therapeutic Groups | 0 | 0 |
| Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone | | |
| Victim Advocacy | 0 | 0 |
| TELEPHONE SERVICES | | |
| Crisis Intervention (by telephone) | 0 | 0 |
| Sexual Assault Hotline Call | 0 | 0 |
| Hotline Calls From/About Victims of Sexual Assault | 0 | 0 |
| TRAINING AND OUTREACH | | |
| Structured Education Presentations | 0 | 0 |
| Structured Education Participants | 0 | 0 |
| Community Education Presentations | 0 | 0 |
| Community Education Participants | 0 | 0 |
| Professional Training Presentations | 0 | 0 |
| Professional Training Participants | 0 | 0 |
| Volunteer Training Presentations | 0 | 0 |
| Volunteer Training Participants | 0 | 0 |

| | |
|--|-------------------------|
| 27. OUTCOMES | |
| 27.1 OUTCOME ASSESSMENT AND EVALUATION | |
| DIRECT SERVICE OUTCOMES | Outcome Target % |
| Increase in knowledge and understanding of sexual assault victims' rights. | |
| Increase in knowledge of and access to community resources and services. | |
| PROFESSIONAL TRAINING OUTCOME | |
| Increase in knowledge and understanding of sexual assault victims' rights. | |
| COMMUNITY EDUCATION OUTCOME | |
| Increase in knowledge of and access to community resources and services. | |
| PUBLIC AWARENESS CAMPAIGNS | |
| Increase the knowledge about the warning signs of specific sexual assaults and victimizations. | |
| 27.2 Specify one of the outcomes chosen in 27.1 Outcome Assessment and Evaluation section of TAB D - Project Summary and describe the tools and/or processes written policies and procedures, pre- and post- tests, staff observation or surveys, which will be used to measure the project's outcome. | |
| | |

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| 28. COMMUNITY RESOURCES | Yes/No |
| 28.1 Is collaboration with one or more outside organizations required to achieve specific project activities? | |
| 28.2 Do these collaborations currently exist? | |
| 28.3 Describe why these agreements are required. | |
| | |

29. DETAILED IMPLEMENTATION PLAN

29.1 Describe this project's specific activities, which will be done over the next two years.

29.1 Continued:

29.1 Continued:

29.2 Describe how these activities will help to reach the project's goal.

30.1 Briefly describe what would happen to the proposed grant project in the event that OAG grant funds are no longer available.

30.1 Briefly describe what would happen to the proposed grant project in the event that OAG grant funds are no longer available.

Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.

Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.

Provide a justification, which relates to the project's goal, for each requested budget category summarized below.

Provide a justification, which relates to the project's goal, for each requested budget category summarized below.

| 32. BUDGET | | | | | |
|---------------------------------------|---------------------|-----------|----------------------|----------------------|-----------------------|
| PERSONNEL | % of Positi- ons | Hrs./Week | FY 2012 Requested | FY 2013 Requested | Total Project Cost |
| Description | | | | | |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| | 0% | | \$ | \$ | \$ |
| Total FTEs | 0.00 | | | | |
| Personnel Total | | | \$ | \$ | \$ |
| FRINGE | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Fringe Total | | | \$ | \$ | \$ |
| PROFESSIONAL & CONSULTANT | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Professional & Consultant Total | | | \$ | \$ | \$ |
| TRAVEL | | | | | |
| OAG Sponsored Training | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Local Travel (Mileage Only) | | | \$ | \$ | \$ |
| Travel Total | | | \$ | \$ | \$ |
| EQUIPMENT | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Equipment Total | | | \$ | \$ | \$ |
| SUPPLIES | | | | | |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Supplies Total | | | \$ | \$ | \$ |
| OTHER DIRECT OPERATING EXPENSES | | | | | |
| OAG Sponsored Training Registration | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Other Direct Operating Expenses Total | | | \$ | \$ | \$ |
| TOTAL BUDGET | | | \$ | \$ | \$ |